



Board of Optometry
400 R Street, Suite 4090
Sacramento, CA 95814
Tel: (916) 323-8720/(800) 547-4576
www.optometry.ca.gov



CE and CPR Self Certification for Renewal of Optometrist (OPT) License

Licensed optometrists must submit certification that they have met the continuing education (CE) and cardiopulmonary resuscitation (CPR) certification requirements in order to renew an active optometrist license. Optometrists may use this form to accomplish the certification requirement. **It is not necessary to submit this form if you are not in the process of renewing your license.**

Name of Licensee: _____ License Number: _____

Active License Renewals

I successfully completed the hours of continuing education (CE) required to renew my license. I completed (____) hours of CE within the preceding 24 months for the renewal of my license. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

I certify under penalty of perjury that I have completed and can document the required CPR certification.

Signature: _____ Date: _____

Inactive License Renewals (not subject to CE requirements)

I wish to renew my license as inactive. I understand that I am not required to take continuing education, but I am required to pay the biennial renewal fee. I also understand that I cannot practice optometry or employ another optometrist in California with an inactive license.

Signature: _____ Date: _____

Sign and return this form to:

Board of Optometry
400 R Street, Suite 4090
Sacramento, CA 95814
Fax: (916) 445-8711